### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Environmental Management Bureau of Environmental Protection Office of Compliance and Inspection 235 Promenade Street Providence, Rhode Island 02908 (401) 222-1360

## RECEIVED

MAR U 8 1999

Environmental Management
Office of Compliance and Inspection

### HAZARDOUS WASTE EPA ID NUMBER CHANGE IN STATUS REQUEST

ATTN	sign and date this form and return : Joan Taylor, Environmental Scie ************************************	ntist	your records) to the address above,
Please	change the status of the EPA ID# ass D# RID075728030		
	my Olin Microelectronic		RCRA RECORDS CENTER FACILITY Arch Specially Chemicals I.D. NO. RIB 075728030 FILE LOC. OTHER
for the	following reason (check ALL boxes	that apply):	
		er valid .SED, change status to I	 LARGE QUANTITY GENERATOR SMALL QUANTITY GENERATOR
[ ] [x]	Change in COMPANY ownership: new owner name	ch Specialty Ch hange for both installation	the installation and the owner.
	phone #date of change		
[x]	Change in company ENVIRONMEN PHONE: (401 OTHER (please specify reason):	The state of the s	chael M. Bauer
*****	*********	*******	***********
l hereby	certify that the above information is	s true and accurate to th	e best of my knowledge
Lusey Authoris	ge feet ked Signature	Giuseppe Force Print Name Clearly	ucci
Direc Title	for of Operations	3/2/99 Date Signed	



March 2, 1999



## CERTIFIED MAIL RETURN RECEIPT REQUESTED

Department of Environmental Management Bureau of Environmental Protection Office of Compliance and Inspection ATTN: Joan Taylor, Environmental Specialist 235 Promenade Street Providence, RI 02908

Re: Hazardous Waste EPA ID Number Change in Status Request

210 Massasoit Avenue, East Providence, Rhode Island

EPA ID Number RID 075728030

Dear Ms. Taylor:

Enclosed is a Hazardous Waste EPA ID Number Change in Status Request ("Request") for the above-referenced facility. This Request is being submitted to update your records for the referenced EPA ID number to reflect the new name of the installation and the installation's owner. The new name of both is Arch Specialty Chemicals, Inc.

Please update your records for the referenced EPA ID number to reflect this name change. The name change does not involve any change in facility ownership or operation or any change in the facility's hazardous waste activities.

If you have any questions regarding the name change or if you need additional information, please contact Michael M. Bauer, Safety and Environmental Manager, at (401) 431-2460.

Ms. Joan Taylor March 2, 1999 Page 2

Thank you for your attention to this matter.

Sincerely,

Giuseppe Forcucci Director of Operations

Enclosure



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

RCRA RECORDS CENTER
RCRA MECORDS CENTER
FACILITY Olin Microslectronic mot.
I.D. NO. @ 10 77778030
FILE LOC.
OTHER
INSTALLATION ADDRESS

RID075728030

08/18/94

OCG ELECTRONIC MATERIALS INC 210 MASSASOIT AVE EAST PROVIDENCE, RI 02914 ANDREW J ROZA ENV & SAFETY

210 MASSASOIT AVE EAST PROVIDENCE ,RI 02914

EPA Form 8700-12B (4-80)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instruction for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## & EPA

# Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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This is an updated Notification for y		ion III of the book	det for addresses.)	

Lalso see RID 987475811

0 34 F# 200/210 Mossasoit Ave.

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obtaining the information, I believe that the submitted information is true, and obtaining the information, I believe that the submitting false information, Including Inches imprisonment.  Signature  Name and Official Title (type or print)  PRODUCTION MGR.  XI. Comments	

NOTICE O	F EPI ASSESSM	ENT
SL 0075728030 EPA ID Name	1 G Microel	lectronic Materials GIS Number
This file has been reviewed by CDM Federa 0002, Work Assignment No. R01029. The peto the Region I Environmental Priorities Initial Model and RCRA Facility Data System for the contract of the Region I Environmental Priorities Initial Model and RCRA Facility Data System for the contract of the contract	al Programs Corporatio purpose of this review vative (EPI) and specific	n under EPA Contract No. 68-W9- was to gather information pertaining
The following documents have been reviewed	d:	
	DATE	COMMENT
RCRA Facility Assessment		
Superfund Preliminary Assessment		
Site Inspection		
Other Site Inspection		
Groundwater Assessment Rpts		
3007 "SWMU" Letter Response		
Part A Form		
Part B Form		
Notification Form	3 2 2	
Information regarding this facility is being regarding the GIS Model or the Facility Dat facility, please contact:	used in the IEM datal ta System and the state	base. For additional information us of data available regarding this
Charles Franks		
U.S. EPA Region I JFK Federal Building,	, HER-CAN3	
File Reviewed By  Boston, MA 02203  File Reviewed By	100	n 12-73-97
The Neviewed By	- Curc	Date 15 18

# STATE OF RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT DIVISION OF AIR AND HAZARDOUS MATERIALS

### MEMO

TO:

Peg Mullen EPA Region I

FROM:

Cynthia M. Gianfrancesco, Engineer

DATE:

January 2, 1990

SUBJECT:

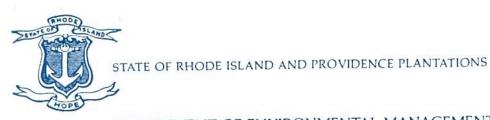
Olin Hunt- RID075728030

Peg,

The above generator is also listed as a transporter. This listing as a transporter is in error, as they have never, and do not intent to transport hazardous waste. Please remove them from transporter status.

If you have any questions please call me.





DEPARTMENT OF ENVIRONMENTAL MANAGEMENT 75 Davis Street Providence, R. I. 02908

9 April 1984

Mr. Frank Battaglia Permits Branch Environmental Protection Agency John F. Kennedy Federal Building Boston, MA 02203

Dear Frank:

I recently had correspondence with Philip A. Hunt Chemical Corporation.

They indicated that some changes should be made to the HWDMS for their three companies in Rhode Island.

Please make the changes indicated on the enclosed sheet.

Sincerely,

Stephen Majkut, Senior Engineer

Division of Air & Hazardous

Materials

S.M.

jad

enc.



# PHILIP A. HUNT CHEMICAL CORPORATION ORGANIC CHEMICAL DIVISION

May 29, 1984

RECEIVED

MAY 3 1 1984

R. I. DEPT. OF ENVIRONMENTAL MANAGEMENT Division of Air & Hozardous Matarists

R. I. Department of Environmental Management Room 204 - Cannon Building 75 Davis Street Providence, RI 02905

Att: Steve Majkut

Dear Sir:

Per our recent telephone conversation regarding the current status of Philip A. Hunt Chemical's hazardous waste management program, may this letter serve to clarify our current operations.

The following list indicates the correct address, EPA ID number and activities occurring at each facility:

Address	EPA ID No.	Generator	Transporter
200 Massasoit Avenue East Providence, RI 02914	RI DO75728030	Х	
l Industrial Circle Lincoln, RI 02865	RI D001202589	Х	
1 Wellington Road Lincoln, RI 02865	RI D095976544	Х	Х

Please do not hesitate to call if you require any further information regarding Hunt's hazardous waste management program.

Sincerely,

Alan R. Brodd, P.E.

alan R. Brock

Environmental/Safety Engineer

ARB/mlc

Frank - pery your repent.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS 21.

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT 75 Davis Street - 204 Cannon Building Providence, R. I. 02908

R10075728030

27

1 August 1983

Mr. Stephen E. Pozner Environmental/Safety Engineer Organic Chemical Division Philip A. Hunt Corporation One Wellington Road Lincoln, RI 02865

Dear Mr. Pozner:

As a follow-up to my inspection of P. A. Hunt's East Providence treatment facility conducted on 29 July 1983, please be advised that the shutdown and decontamination steps initiated for "partial-closure" are thorough and complete. Accordingly, although this facility is still a permitted TSF, it will no longer accept, treat or store hazardous waste for over ninety days without first notifying this Department. Additionally, since the East Providence facility is still permitted, it must comply with the forthcoming modifications to the Rhode Island Hazardous Waste TSF Permitting Rules And Regulations. You will be notified when these new regulations become active. Existing TSF have three months to update permits already in effect.

In response to your request under Rule 1.42, "non-waste determination", please be advised that this decision is contingent upon concurrence from the State of North Carolina's Department of Environmental Management. I will contact you directly by phone when we receive that approval.

Very truly yours,

John P. Hartley, Engineer

Division of Air and Hazardous Materials

JPH/kz



### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

PHILIP A HUNT CHEMICAL CORPORATION
1 WELLINGTON ROAD
LINCOLN RI 02865

MASSASSOIT AVENUE
EAST PROVIDENCE RI 02914

EPA Form 8700-12B (4-80)

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EPA Form 8700-12 (6-80) REVERSE

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IV DESCRI	IPTION OF HAZARDOUS WASTES	
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U.1 IVIRO	NME		IFORM	ATION			T/A
Co.	nsolida	a ted	Permits Pr	ogram before starting.)  FRID0/5/2	8.0	1	0 14
LABEL ITEMS	1	1	11	If a preprinted label has be	en pr	ovide	d, affi:
I. EPA I.D. NUMBER	/	/	//,	it in the designated space. I ation carefully; if any of it	Review	the	inform
JII. FACILITY NAME	/,	/	///	through it and enter the c	orrect	data so, if	in th
7444411111	1,	/	11,	the preprinted data is absended to the label space list	it (the	area	to th
PLEASE PLA	CĘ	LA	BEL IN	THIS SPACE that should appear), please proper fill—in area(s) belo	provi	de it	in th
711111	//	1	11,	complete and correct, you Items 1, III, V, and VI fe	need i	not c	omplet
	//	1	///	must be completed regard items if no label has been	less).	Com	plete a
VI. LOCATION	//	1	111	the instructions for deta	led i	em	descrip
	//	/	1//	which this data is collected.	7	d las	
II. POLLUTANT CHARACTERISTICS				7.2			Y.
INSTRUCTIONS: Complete A through J to determine w	vhethe	r you	u need to	submit any permit application forms to the EPA. If you ans	wer "y	es" t	o any
questions, you must submit this form and the supplemen	tal for	m lis	sted in the	ou need not submit any of these forms. You may answer "no	" if yo	ur ac	
is excluded from permit requirements; see Section C of the	instru	iction	ns. See also	o, Section D of the instructions for definitions of bold-faced	Cottina		
SPECIFIC QUESTIONS		MAR	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORE
A. Is this fecility a publicly owned treatment works	-	-	ATTACHED	B. Does or will this facility (either existing or proposed)			
which results in a discharge to waters of the U.S.?		Х		include a concentrated animal feeding operation or equatic animal production facility which results in a		Х	
C. is this a facility which currently results in discharges	16	17	1.0	discharge to waters of the U.S.? (FORM 2B)  D. Is this a proposed facility lother than those described	19	20	21
to waters of the U.S. other than those described in A or B above? (FORM 2C)	21	X	24	in A or B above) which will result in a decharge to waters of the U.S.? (FORM 2D)	X 25	26	27
E. Does or will this facility treat, store, or dispose of	177	-64-		F. Do you or will you inject at this facility industrial or municipal efficient below the lowermost stratum con-			
hazerdous wastes? (FORM 3)	X		X	taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced	21	29	30	H. Do you or will you inject at this facility fluids for spe-	31	32	33
water or other fluids which are brought to the surface in connection with conventional oil or natural gas pro-				cial processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combus-			
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid		Х		tion of fossil fuel, or recovery of geothermal energy? (FORM 4)		Х	
hydrocarbon? (FORM 4)  i. Is this facility a proposed stationary source which is	34	31	34	J. Is this facility a proposed stationary source which is	37	38	30
one of the 28 industrial categories listed in the in- structions and which will potentially emit 100 tons				NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons			
per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an		X		per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment		X	
attainment area? (FORM 5)		41	42	ares? (FORM 5)	43	44	
III. NAME OF FACILITY	4		THE PARTY NAMED IN		NETH MAN		
1 SKIP PHILIP HUNT C	H.I	E.M	I.C.A	J. CORPORATION.	69	THE SEC	NIBATO SEG
IV. FACILITY CONTACT				8. PHONE (area code & no.)			
A. NAME & TITLE (last, f	irst, &	title	1 1 1	a. Prone fare cone a rise,	-		
2 MATTE, ROBERT, CHIE	F.	E	N.G.I	NEER 4,0,1 3,3,3 6,1,1,4	-	CONTRACTOR OF THE PARTY OF THE	
V. FACILITY MAILING ADDRESS		ng marke					
A. STREET OR P.O	BOX	-1-	1 1 1				
3 1. W.E.L.L.I.N.G.T.O.N. R.O.A.D				45			
B. CITY OR TOWN				C.STATE D. ZIP CODE			,
4 L. I. N. C. O. L. N.				R.I 0.2.8.6.5		1 1 9	
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER	SPEC	IFIC	IDENTIF	IER			
5 M. A.S.S. A.S.S.O.I.T. A.V.E.N.U.E							
15 16  B. COUNTY NAME				45)			3/8
<del></del>	7 7	1	111				•
45			-A	D.STATE E. ZIP CODE F. COUNTY CODE			
C. CITY OR TOWN		-	7 7 7	D.STATE E. 21 CODE (If known)			
6 E.A.S.T. PROVIDENCE.				R I 0 2 9 1 4			-
and taken from the contract of	-	-					

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(specify)		15	(specif	v.)	B. SECOND			
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C. THIRD					D. FOURTH			
8,6,9 Cupric Oxio	de	7	(specif	3.)				
PERATOR INFORMATION		13 116						
490000 3000 450000000	A. NAM	E	CONTROL MENTAL PROPERTY COMMENTS				B. Is the nam Item VIII-	
				1 I I		1 1 1	owner?	
H. I. L. I. P. A. H.U. N.T.	CHEMICA	L COR	PORA	F 1 0	N		C YES	A) NO
C. STATUS OF OPERATOR (Enter the a	ppropriate letter into th	ne answer box; if "	Other", specify	1.)	D. F	PHONE (ar	ea code & no.	)
FEDERAL M = PUBLIC (other that	in federal or state)	P (specify)			c A		TIIT	
PRIVATE		10			15 16 -	10 10	21 22	28
E. STREET	OR P.O. BOX				F2 V			
W.E.L.L.I.N.G.T.O.N. R.O	,A.D.							
F. CITY OR TO	own	G.	STATE H. ZI	PCODE	IX. INDIAN	LAND		
		1111		7-1-		-	n Indian land	37
INCOLN				8,6,5	52 YE	ES D	ОИ	
STING ENVIRONMENTAL PERMITS	Share the state of the	40	41 42 47					
A. NPDES (Discharges to Surface Water)	D. PSD (Air E)	missions from Proj	osed Sources)					
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C. RCRA (Hazardous Wastes)	9 50 15 16 17 18	OTHER (specify		30	ang Paris III.			
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3 SEPA	НА	ZARDOUS WASTE PERMIT  Consolidated Permits Prog	APPLICATION	I. EPA		0 7 5 7		20 7-1
RCRA	(T)	this information is required under Section	The second secon	i R II	D (	1/12/	2 8 0	12 10
FOR OFFICIAL USE ONLY					<b>353</b>		A	<b>差,大大大大</b>
APPROVED (yr, mo, & day)			COMMENTS					
II. FIRST OR REVISED APPLI	CATI	ON		1 + 1 m	7			
Prace an "X" in the appropriate box	in A or	or 8 below (mark one box only) to indication and you already know your fac	ate whether this is the first a ility's EPA I.D. Number, or i	pplication if this is a	you ar revised	re submittin application	ig for your i, enter you	facility or i ur facility's
		(" below and provide the appropriate de		NE	v F 4 C	ILITY (COM	nniete iten	s turbinin i
71	Comple	tructions for definition of "existing" fuc etc item below.)		-9.4		F	OR NEW F	FACILITY OF THE DATE
OPE	RATIO	TING FACILITIES, PROVIDE THE DAD  ON BEGAN OR THE DATE CONSTRUIT  EXECUTE: THE INFO:  TH		77 74	71 76	PAY (P	ION BEGA	day! OPER
B REVISED APPLICATION ()		n "X" below and complete Item I above ATUS	1	,- 2. FA	CILIT	Y HAS A RI	CRA PERI	міт
III. PROCESSES - CODES AN		Sent service of the		7.		Market State	10 m	$c \in \mathcal{C}$
		m the list of process codes below that be			CONTRACTOR OF THE PARTY OF THE			awided for
entering codes. If more lines are	needec	d, enter the code/s) in the space provide in capacity) in the space provided on the	d. If a process will be used t					
<ol> <li>AMOUNT — Enter the amount</li> <li>UNIT OF MEASURE — For example.</li> </ol>	nt. each am	each code entered in column A enter the mount entered in column B(1), enter the lasure that are listed below should be use	e code from the list of unit n	neasure co	des bel	ow that des	cribes the	unit at
PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS	PROCESS		PRO- CESS CODE	MEASUF	RIATE UN RE FOR PE GN CAPA	ROCESS
Storage:			Treatment:		-			M.A. A
CONTAINER (barrel, drum, etc.)	501		TANK		T01	GALLONS		YOR
WASTE PILE	503		SURFACE IMPOUNDMENT	г	T02		S PER DAY	YOR
SURFACE IMPOUNDMENT	504	GALLONS OR LITERS	INCINERATOR		T03		RHOURO	
Disposal:						GALLONS	FONS PER S PER HOUR ER HOUR	UROR
LANDFILL	D79 D80	would cover one acre to a depth of one foot) OR	OTHER (Use for physical, ci thermal or biological treatme processes not occurring in to surface impoundments or in	ent inks,	T 0 4	GALLONS LITERS P	S PER DA	
LAND APPLICATION OCEAN DISPOSAL	D81 D82	ACRES OR HECTARES GALLONS PER DAY OR	ators. Describe the processe the space provided; Item III	s in				
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS						
	STATE OF THE PARTY	TOF	UNIT OF					UNITOF
UNIT OF MEASURE		SURE UNIT OF MEASURE	MEASURE • CODE	UNIT	OF M	EASURE		CODE
GALLONS						r		
CUBIC YARDS						METER		
CUBIC METERS	20 13 10	. C GALLONS PER HOUR	E					
EXAMPLE FOR COMPLETING IT		(shown in line numbers X-1 and X-2 be		orage tank	s, one t	ank can hol	d 200 galle	ons and the
		so has an incinerator that can burn up t			33			
DUP	13	7/4 5			//			
A. PRO- B. PROCESS		IGN CAPACITY	MA.PRO- B. PR	OCESS E	ESIG	NCAPAC	ITY	72-24-536
CEBS CODE (from list above)		2. UNIT OF MEA SURE (enter code)	ESS CODE CODE (from list above)	1. AMO	TNU		2. UNIT OF MEA SURE (enter code)	
11 5 0 2 600	)	27 29 35 72	16 - 18 19			27	2.0	29
X-1 S 0 2  600			5				+++	+++
X-77 0 3 21	7		6					1

NOTE Photocopy this way before completing if you have more than 26 wastes to list. FOR OFFICIAL USE O EPA I.D. NUMBER lenter from page 1. R I D 0 7 5 7 2 8 0 3 0 DUP W DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT D. PROCESSES A. EPA HAZARD B. CSTIMATED ANNUAL QUANTITY OF WASTE SURE (enter code) HAZARD. 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 1. PROCESS CODES (enter) 27 - 29 27 - 29 27 - 29 27 - 29 26 U 2 3 9 S 0 1 P 0 D 0 0 1 P IS 0 1 5000 Included with above 3 DOOG 4 D 0 0 2 Included with above P S 0 1 D 0 0 3 0 S 0 1 6 IP 1 0 5 P 1 0 6 0 P S 0 1 5 U 0 0 2 0 S 0 1 0 P S 0 1 U 0 0 3 10 10 0 10 6 0 S 0 1 D S 0 1 li U 10 1 2 0 12 0 0 1 9 P 0 S 0 1 13 0020 S 0 1 0 P 14 0 0 2 3 S 0 1 0 15 U 0 3 7 S 0 1 0 P S 0 1 10 10 10 4 4 0 17 S 0 1 U 0 5 2 0 18 C P S 0 1 U 0 5 7 19 U 0 7 0 P S 0 1 0 S 0 1 20 0 7 7 0 21 0 0 8 0 0 S 0 1 S 0 1 U 1 0 8 0 10 1 2 2 0 P S 0 1 24 S 0 1 0 U|1|2|3 0 S 0 1 25 Ull 3 3 S 0 1 P 26 U 1 4 7 0 CONTINUE ON REVER EPA Form 3510-3 (6-80)

ronn approved Omb No. 136-360000

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V	DE.	SC	RIF	TIC	ON OF HAZARDOUS WAST	ES (cont		-			A. Frys.	13 14 13 23 - 24
iu)			EP		B. ESTIMATED ANNUAL	C.UNIT					D	D. PROCESSES
N O	(e	AS nte	TE	NO.	QUANTITY OF WASTE	(enter				nter)		2. PROCESS DESCRIPTION (if a code is not entered in D(1))
;3	P	To	6	8	0	P	S			27 -	29 27 - 29	
54	P	0	6	4	0	P	s	0 1				
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TAGE FOR ADDITIONAL PROCESS CODES OF FOOD DESCRIBING OTHER PROCESSES ROBLE - FORE DESIGN CAPACITY	1 ((4.1))	OR LACH PROCESS ENTERED HERE

### DESCRIPTION OF HAZARDOUS WASTES

FA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you had hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristic and/or the toxic contaminants of those hazardous wastes.

STIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual sits. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled tich possess that characteristic or contaminant.

NIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate odes are

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDS.	KILOGRAMSK
TONS.	METRIC TONS

facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of measure taking into a converted into one of the required units of taking into a converted into one of the required units of taking into a converted into one of taking into a converted into a conv

### ROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code/s/ from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

PROCESS DESCRIPTION. If a code is not listed for a process that will be used, describe the process in the space provided on the form.

E: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by than one EPA Hazardous Waste Number shall be described on the form as follows:

Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste, In column D(2) on that line enter "included with above" and make no other entries on that line.

Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

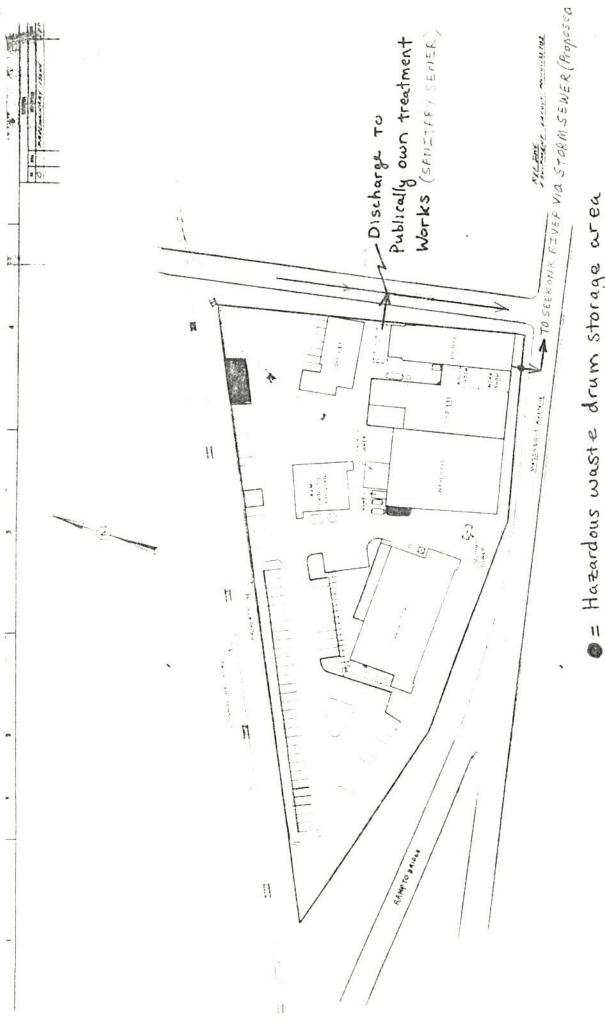
MPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds ear of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes prosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated counds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A EPA		C. UNIT	D. P	ROCESSES
WASTENO,	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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- [ ] [ ] -	tinued) CESS CODES FRO	OM ITEM D(1) ON PAG	E .					
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EPA I.D. NO. (enter from page 1)								
RID075728030 6								
FACILITY DRAWING								
all existing facilities must include in the space provided on p	page 5 a scale drawin	g of the facility (see instruc	tions for more	de tail			PROGRAM	well dis
1. PHOTOGRAPHS  Ali existing facilities must include photographs (aeria	al or ground—level	I that clearly delineate a	all existing str	uctu	es existin	a stora	ge.	
reatment and disposal areas; and sites of future store	age, treatment or	disposal areas (see instru	ctions for mo	re de	tail).	g storu	gc,	
II. FACILITY GEOGRAPHIC LOCATION	THE PERSON NAMED IN							
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III. FACILITY OWNER	<b>3.46</b> (15.75)							
A. If the facility owner is also the facility operator as li skip to Section IX below.	isted in Section VIII	on Form 1, "General Infor	mation", place	an ''X	in the box	to the	left and	Į
B. If the facility owner is not the facility operator as lis	sted in Section VIII	on Form 1, complete the fo	ollowing items:					
1. NAME OF FACIL	ITY'S LEGAL OWN	ER		2	. PHONE N	O. (area	code &	no.)
3. STREET OR P.O. BOX	<del></del>	4. CITY OR TOWN		. ST.	- 38 30	ZIP C	ODE.	45
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certify under penalty of law that I have personally to	evamined and am	familiar with the inform	ation submit	ed in	this and	ll atta	ched	1
ocuments, and that based on my inquiry of those in	ndividuals immedia	ately responsible for obt	aining the inf	orma	tion, I beli	eve the	at the	
abmitted information is true, accurate, and complet including the possibility of fine and imprisonment.	e. I am aware that	t there are significant per	naities for <b>s</b> ub	mitt	ing false in	forma	tion,	
NAME (print or type)	B. SIGNATURE	7 7		C. D	TE SIGNE	D		-
SheldonL. Green Vice Pres., Manufacturing	- 1 / a ( a)	la . I the	(		1/23	181	/	
OPERATOR CERTIFICATION	01 of 88 (48 H-12						A SAME	
certify under penalty of law that I have personally	examined and am	familiar with the inform	ation submit	ted in	n this and a	ili atta	ched	
locuments, and that based on my inquiry of those in ubmitted information is true, accurate, and complet notuding the possibility of fine and imprisonment.	dividuals immedia	ately responsible for obt	aining the inf	orma	tion, I beli	eve the	at the	
NAME (print or type)	B. SIGNATURE		T	C. D.	ATE SIGNE	D		
			emperature de la companya de la comp					

ontinued from the front



Hazardous waste drum storage area



CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
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DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER THE RELATIONSHIP BETWEEN THE TWO DATUMS IS VARIABLE SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER THE AVERAGE RANGE OF TIDE IS APPROXIMATELY 46 FEET

GRID AND 1979 MAGNETIC NORTH

14-

FOR SALE BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092 A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST Cove Sewage FEET Bucklin PROVIDENCE Phillipsdale B (152) SEEKONK James East Providence Center Golf Course E Carpenters Corner East/Providence Old Grist Mill

UNITED STATES
DEPARTMENT OF THE INTERIOR







## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

Philip A. Hunt Chen. Corp. Massassoit Ave. East Praidence, RI

Re: RID 075728030

Dear Hazardous Waste Permit Applicant:

The Environmental Protection Agency (EPA) has received an application for a Federal hazardous waste permit for the facility referenced above by its EPA identification number. The Agency has reviewed the application and found that the information items marked below are missing. These items must be completed and the application returned to this office by Win 30 Mysin order for the Agency to determine whether the owner or operator of the facility qualifies for interim status.

Because we received a large number of permit applications, we were able to conduct only a preliminary review of this application and will conduct a more detailed review at a later date. If we find additional items are missing we will contact you again at that time.

HE	F(	DLLOW	INC	3 MISS	SING	ITEMS	MUST	BE (	COMPLETI	ED:
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		Form	3	Item	IIVI	Date	Oper	atio	n Began	or
400				Const	ruct	ion Co	ommen	ced		
X		Form	3	Item	IXB	Owner	's Si	gnati	ıre	

Received: 1/15/81



### PHILIP A. HUNT CHEMICAL CORPORATION

### ORGANIC CHEMICAL DIVISION

July 9, 1981

Mr. Kenneth Chin Environmental Protection Agency - Region I Permits Branch JFK Federal Building Boston, Massachusetts, 02203

Re: Philip A. Hunt Chemical Corp.

Massasoit Avenue East Providence, R. I. EPA I.D.#=RIDO75728030

Dear Mr. Chin:

The purpose of this letter is to inform the Environmental Protection Agency that our East Providence facility will not store, treat, or dispose of hazardous waste on site.

We filed Part A forms 1 and 3 in November of 1980 with the intent to store hazardous waste generated by our research laboratory for more than 90 days. However, we now wish to become accumulators of hazardous waste instead of storers of hazardous waste.

As accumulators of hazardous waste, we realize that we must still comply with CFR40 part 262.34.

If you have any questions, please contact me.

Yours truly,

PHILIP A. HUNT CHEMICAL CORPORATION ORGANIC CHEMICAL DIVISION

Stephen Pozner

Safety/Environmental Engineer

SP/ak

cc: Roger Sacilotto Robert Matte

CONTINUED FROM THE FRONT			<b>沙</b> 罗斯特里克尔德贝克里克	<b>建筑建筑建筑和建筑</b>
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C. THIRD	(2)	(specify)	D. FOURTH	
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XI. MAP				
Attach to this application a topographic map of the an	ea extending to at lea	st one mile beyond	property bounderies. The	map must show
the outline of the fecility, the location of each of its	existing and proposed	d intake and discha	rge structures, each of its h	azardous waste
treatment, storage, or disposal facilities, and each well	where it injects flui	ds underground. In	clude all springs, rivers an	The state of the s
water bodies in the map area. See instructions for precis	se requirements.		- F9:	A 150
XII. NATURE OF BUSINESS (provide a brief description)			* a31	37. 33
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XIII. CERTIFICATION (see instructions)	Managana Vandera Vandera	DATE NOT THE REAL PROPERTY.		NOTES A TRANSPORTED BY
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I certify under penalty of law that I have personally a exceptments and that, based on my inquiry of those	xamined and am fami	liar with the inform	nation submitted in this app	olication and all
application, I believe that the information is true, acc	urate end complete	l am avaire that th	ere ere significant penaltie	e for submitting
felse information, including the possibility of fine and i	imprisonment.			
A NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	<u> </u>	C. DAT	ESIGNED
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Vice President, Manufacturing	-Strills	a L. Mi	101	11/8
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V. DESCRIPTION OF HAZARDOUS WASTL- (co.		D(1) ON PAGE 3.		44.16			
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'. FACILITY DRAWING All existing facilities must include in the space provided on	page 5 a scale drawing of the fa	cility (see instructions for	Flore de	201			
1. PHOTOGRAPHS	page of scale didwing of the la	inty isee instructions for	more det	an).	FG.	A 15	
All existing facilities must include photographs (aer	rial or ground-level) that cle	arly delineate all existi	ng struct	tures; e	existing s	torage,	
TI. FACILITY GEOGRAPHIC LOCATION	rage, treatment or disposal a	reas (see instructions f	or more	detail)	· FC	0:A	156
LATITUDE (degrees, minutes, & second		LONGITUDE (do	NILLA.				
		LONGITUDE (ac	egrees, mi	III	seconas		
4 1 4 9 0 3 0	WINDS AND WINDS AND	01711	74 75 76	1014	1 0	•	. " 117
III. FACILITY OWNER		an war of the				學學	
A. If the facility owner is also the facility operator as skip to Section IX below.	listed in Section VIII on Form 1	, "General Information",	place an '	'X" in 1	the box to	the left	and
B. If the facility owner is not the facility operator as	listed in Section VIII on Form 1	complete the following i	items:	10 E -			
1. NAME OF FACE	LITY'S LEGAL OWNER	1 1		2. PHC	NE NO.	(area cod	le & no.)
-					III		
3. STREET OR P.O. BOX	1 657	OR TOWN	53 13	7	1 100	61 62	- 45
1	[6]	ORTOWN	5.57	-	111	T CODE	
1.13	G 15 15		40 41 4	12	197		
X. OWNER CERTIFICATION	and the state of the	<b>国内</b> 和加入	200				
certify under penalty of law that I have personally ocuments, and that based on my inquiry of those if	examined and am familiar v	with the information su	bmitted	in this	and all	attached	1
Abmitted information is true, accurate, and comple	ete. I am aware that there are	significant penalties for	or submi	tting fa	alse info	rmation	,
icluding the possibility of fine and imprisonment.				1674			
NAME (print or type) SheldonL. Green	B. SIGNATURE C. DATE SIGNED						
Bileraonin. Orecui	1 1/1/	//	100000				3
Vice Pres., Manufacturing	I helden ix	- Then		11	. ,	81	
Vice Pres., Manufacturing OPERATOR CERTIFICATION	Sheldn .x	Then		1/	23/	81	<b>建装</b> 上式物
certify under penalty of law that I have personally	examined and am familiar w	ith the information su	bmitted	in this	23/0	attached	/ 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
certify under penalty of law that I have personally locuments, and that based on my inquiry of those in	individuals immediately response	onsible for obtaining th	e inform	in this	and all a	attached e that th	ne l
certify under penalty of law that I have personally	individuals immediately response	onsible for obtaining th	e inform	in this	and all a	attached e that th	ne l

ontinued from the front.

#### INTERNAL CHECKLIST

1.	Inte	rim Regulatory Requirements			
		(1) FORM 1 MISSING (2) FORM 3 MISSING	<u> </u>		
	В.	POSTMARK after NOVEMBER 19, 1980	1_1	Valid	1_
	2()	(1) DATE OF OPERATION MISSING  (2) DATE OF OPERATION after NOVEMBER 19, 1980  Notified after AUGUST 18, 1980		Valid	1_
	Ε.	(1) FORM 1, VIII B SIGNATURE MISSING  (2) FORM 3, IX B SIGNATURE MISSING	JA.		
2.	Α.	HANDLER	11/1		
	В.	NONREGULATED	$I \underline{\hspace{0.1cm}} I$		
	С.	UNSURE	1_1		
	D.	UNKNOWN FACILITY (missing name and address on Form 3)	1_1		
*	E.	NEW FACILITY	11		
	F.	CORE ITEM(S) MISSING	11		
æ	G.	NON-CORE ITEM(S) MISSING	11		
	н.	NON-CORE ITEM(S) MISSING  OTHER  Coded:  007-county code  007-county code  4149300-lat  4149300-long  07121400-long	I <u></u> I		
		21	1		

## FORM 1 (EPA FORM 3510-1)

## ITEM NUMBER

II.	Pollutant Characteristics						
kIII.	Name of Facility						
IV.	Faci.	lity Contact			1_1		
٧.	Faci	lity Mailing Address					
	Α.	Street or P.O., Box			1_1		
	В.	City or Town			1_1		
	с.	State			11		
	D.	Zip Code			1_1		
VI.	Faci	lity Location					
	*A.	Street, Route Number			1_1		
	В.	County Name			1_1		
	*C.	City or Town			11		
	*D.	State			1_1		
	E.	Zip Code			11		
	F.	County Code (if known)			11		
VII.	SIC	Codes (other than Process and Haza	ardous Wa	ste)	11		
VIII.	Oper	ator Information			•		
	*A.	Name			11		
	*B.	Is the name listed in VIII-A also	the own	er	11		
1.	С.	Status of operator			11		
	D.	Phone			1_1		
	*E.	Street or P.O. Box			1_1		
	*F.	City or Town			1_1		
	*G.	State			1_1		
	н.	Zip Code			11		

IX.	India	an Lai	nd						1_1
х.	Exis	Existing Environmental Permits							1_1
XI.	Мар								11
XII.	Natu	re of	Business						11
XIII.	Cert	ifica	tion					93	
	Α.	*1.	Name and		2 <sup>2</sup>	•			1_1
		2.	Official Titl	.e					11
	*B.	Sign	ature						1_1
	*C.	Date	Signed					r.	1_1
Commen	ts:								
Form 1	is m	issin	9						1_1
Items	prece	ded by	y * must be su	bmitted	I by				

## ITEM NUMBER

*II.	A Fi	rst Application	
	1.	Existing Facility Date (on or before November 19, 1980)	1_1
1.1	2.	New Facility Date (after November 19, 1980)	<u>    .                                 </u>
*III.	Proc	esses	
	Α.	Process Code	1_1
	В.	Process Design Capacity-Amount	
	65	1. Amount	1_1
		2. Unit of Measure	11
*IV.	Desc	eription of Hazardous Wastes	
	Α.	EPA Hazardous Waste Number	11
	В.	Estimated Annual Quantity	11
	С.	Unit of Measure	11
	D.	Processes	
		1. Process Codes	1_1=
		2. Process Description	11
V.	Fac	illty Drawing	11
VI.	Pho	tographs	1_1
VII.	Fac	ility Geographic Location	
VIII.	Fac	ility Owner	
	*1.	Name of Facility's Legal Owner	1_1
	2.	Phone	11
	*3.	Street or P.O. Box	1_1
	*4.	City or Town	1_1
	*5.	State	1_1
	6.	Zip Code	11

*IX.	Owne	er Certification			
	Α.	Name		11	
	В.	Signature		1_1	
	С.	Date Signed		11	
*X.	Ope	rator Certification			Œ
	Α.	Name		11	
•	В.	Signature		11	•
	С.	Date		1_1	
Commer	nts:				
Form 3	3 is	missing		1_1	
Ttoms	prec	eded by * must be submitted by			



# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

J. F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Stephen Pozner
Safety/Environmental Engineer
Philip A. Hunt Chemical Corporation
1 Wellington Road
Lincoln, Rhode Island 02865

RE: RID075728030

Dear Mr. Pozner:

EPA has completed its initial review of your permit application to treat/store/dispose of hazardous waste under the Resource, Conservation and Recovery Act ("RCRA"). From the information provided in your application, it appears that the facility does not require a RCRA permit under Section 3005 of the Act, in accordance with 40 CFR Part 122.21(d)(2)(i). Under this section, a generator is allowed to accumulate hazardous waste on-site for up to 90 days, in accordance with 40 CFR Part 262.34, without a RCRA permit.

EPA is returning your application since the information contained therein does not demonstrate that the facility is required to obtain a permit under Section 3005 of RCRA. If EPA's interpretation of the application is incorrect or if the application itself is incorrect and the facility is in fact one which is required to have a permit under Section 3005 of the Act, a complete RCRA Part A Application (EPA Forms 3510-1 and 3510-3) must be completed and resubmitted to this office by

If hazardous waste is handled at the facility referenced above and the applicant fails or refuses to submit a complete Part A application within this period appropriate enforcement action may be taken.

If you have any questions, or need any assistance, please contact the appropriate EPA Permits Branch personnel listed below at (617)223-0240.

All replies should be addressed to:

U. S. Environmental Protection Agency Permits Branch Room 2109 JFK Federal Building Boston, Massachusetts 02203 Attn: Mr. Richard Cavagnero

Sinterely yours,

Richard C. Boynton, Chief Permits Development Section

Maine New Hampshire Massachusetts Rhode Island Kenneth Chin Vermont Connecticut

William Sarro Christine King Gary Siegel Don Maki Cindy Gilder

er ag proportig i er a en applicat af popular angun aforegi best, af euro deportus des fautum antendrat popular

RI DEM, Attn: Thomas E. Wright cc:

Site ID RID075728030  Part A Application Yes No _X returned	F/C TY A	0075728030 R-1C
		-
Site Name: Philip A. Hunt Chemical Corp. Inspection Date:	1/26/82	
Site Location: Massassoit Avenue Inspectors: EPA	S. Fradk	off
East Providence, RI 02914 State:	R. Enander	, J. Spirito
RCRA Contact: Stever Pozner Industry	y: S. Pozner	Title: Env. Eng
Phone No.: (401) 333-6114	Louis DeBoer	Title: Plant En
Permits Issued:		Title:
In Compliance:	Yes_X	No
	-	
TRIP SUMMARY		
I. Facility Type and Process Description	Gen, Tr,	recycling
Philip A. Hunt Chemical Corporation is a chemic	al manufactu	rer
producing ammoniacal etchants at the East Provi	dence Facili	ty and also
recycling spent etchants received from Hunts cu	stomers. Co	pper
oxide is recovered during the recycling operati	on and sold	as a
product. Small quantities of lab wastes are st	ored in 55 g	allon
drums for less than 90 days and shipped to a ha	zardous wast	e
disposal facility		
II. Summary of Violations or Deficiencies		
None		

Recommendations  Hunt is in compliance with federal regulations and no enforce action is necessary. There is a question if the label used of drums meets all the requirements of RI DEM Generator Rule 3c. RI DEM is looking into this question.	
Hunt is in compliance with federal regulations and no enforce action is necessary. There is a question if the label used of drums meets all the requirements of RI DEM Generator Rule 3c.  RI DEM is looking into this question.	<u> </u>
Hunt is in compliance with federal regulations and no enforce action is necessary. There is a question if the label used of drums meets all the requirements of RI DEM Generator Rule 3c.  RI DEM is looking into this question.	
action is necessary. There is a question if the label used of drums meets all the requirements of RI DEM Generator Rule 3c. RI DEM is looking into this question.	
drums meets all the requirements of RI DEM Generator Rule 3c. RI DEM is looking into this question.	ment
RI DEM is looking into this question.	n waste
State Response (as regards NOV's and Orders)	
State Response (as regards NOV's and Orders)	
State Response (as regards NOV's and Orders)	

## V. Hazardous Waste Profile

Type o	of Waste	Amt/mo	Method of Har	ndling	Location	
Spent e	tchants	50,000 gal/mo.	Recycled on	n site.		
Lab was	tes	10 to 20 drums/y	r. drum	storage	shipped	off site.
		:				
		·				
					***************************************	
						Ed.
VI. Info	rmation Reque	ests		*		
	Inspector fro					
-	Information 1			Date Requested	by Date	Rec'd
		275 02 1	- 8			
		2 20 2		***************************************		
		(R) E	1 13 10 Ret 17			
				0		
F		2 21 2 3 T	. 8 8 2	2		
В.	Industry fro	m Inspector				
	Informati	on		Date Sent		
		<i>22</i> .				
		3 3				
•						

C.	EPA	from	State

•

,

	Information	Date Sent		
-	5 4 a a			

Part A Application Yes No V volume 2.

## RCRA INSPECTION CHECKLIST

Site Name:	Philip A Hunt Chemical Co	P Inspection Date: _	1/26/82
Site Location	on: Massassed Ave	Type of Facility:	Chem mfg
	East Providence RI	Generator:	V
Phone No: (	401) 333-6114	Transporter:	
Inspectors:		TSD:	V recycling.
	s Fradkoff	Permits Issued:	
	R. Enander + 1 spirts		
Industry:	S. Pozner Louis DeBoer	In Compliance	Yes No
	or with Temp. Storage or TSD Fac:		
	-Inspection Meeting		
1.	General Information (Process Des	scription, etc.)	
	mfy Amamonian	elchants	and recycle
<u> </u>	Icharts from customers	Part A	cturned by EPA
-			
-			
			¥.
			•
-	*		
-		Name of the last o	
123	•		8

2.	Hazardous	Wast	e Profile				
	Type of W		kg/i	cm	Onsite Temp. Storage/ TSD	Transporter	Offsite TSD
	spent 1 ab w	etu	Honly 5	6 doum	1/mo	supped off	on site
				•			
	Records (2.21 a.)		₩h đu	o have the ring inspe	m on file - other ection for review	ad of time by state wise, random select . Must be kept for	LION OF BONE
		1)	Document No.:	not	reguest by	EVH	
		2)	Generator ID, name, address	:	coming manif:	sts ok	
		3)	Transporter(s	s) ID,			
		4)		TD			
		5)					
		6)					
	262.50	i)	Internationa	l Shipping	Manifest:		
	262.42	ii)	Exception Re	port:			

265.13	b.) Was	ste Analysis Plan			: 7
6	1.	Plan on site:		ii <del></del>	125
	2.	Plan should include	(a) parameter	s:	·
•			(b) test meth	ods: _	
			(c) sampling	method: _	<u> </u>
		4	(d) frequency	<b>/:</b> _	
	3.	Copy of Results		_	
265.15	c.) <u>In</u>	spection Schedule and	109		
	1)	Are inspections co	onducted	2	Y < 2 .
	. 2)	Written inspection	n schedule	ī.	Yes
	3)	Inspection Log			Yes
		- incinerato	r system, there biol treatment level of surfa  conditions of	mal treatment equipment: ce impoundme containers: anks:	t equilpment,
265.16		ersonnel Training Rec	on description	ns and name o	of employee
*					
	82		enining:	. y . s	
		.) Description of to		1/65	
		3.) Records of Train		Yos	
	4	.) Training complete	ea:	0 3	

<sup>\*</sup> Required for Temporary Storage

*e.) Contingency Plan	
1. Plan on site:	
2. Plan to local authorities	
265.53 265.52  3. Content of Plan:  a) Emergency plan:	į
b) Local authority arrangements:	
omergency coordinator:	
d) List of emergency equipment.	
e) Evacuation plans:	
Closure and Post-closure Plans; Cost Estimates	
oct 113 .113. 1. Closure Plan (TSD Facilities)	
.114, .115 a) Plan on site: Yes	
b) Does plan include:  1) Schedule of partial closure if applicable:	
2) Estimate of maximum inventory  treatment at given time:  treatment at given time:  3) Schedule for final closure & an estimate of the expected	3
3) Schedule for final closure: year of closure:	
year of closure:  4) Description of steps needed to decontaminate facility equipment:	
Total time required for closure:	_
cortification of closure:	
265.117, .118 2. Post-closure Plan (disposal facilities only)	_
a) Plan on site:  a) Does plan identify and include frequency of:	_
o planned ground water monitoring:  o planned maintenance & security activities:  o planned maintenance and phone number of Post-closure contact:	_ 
manned maintenance of root	
o name, address and phone number of name, address and phone number of post-closure period identified:	

<sup>\*</sup> Required for Temporary Storage

.

265.142		3.	Closure Cost Estimate (TSD facilities)
			a) Estimate on site: Amount of estimate:
			b) Estimate adjusted annually on 11/19 for inflation:
			c) Has Closure Plan changed?
			d) If answer to 3 is yes, has cost estimate changed?
265.144		4.	Post-closure Cost Estimate (disposal facilities only)
			a) Estimate on site: Amount of estimate:
			b) Estimate adjusted annually on 11/19 for inflation:
			c) Has Post-closure plan changed?
			d) If answer to 3 is yes, has cost estimate changed?
265.73	g)	Ope	erating Records
		1.	Records on site
		2.	Description, quantity, method and dates of disposal:
		3.	Location onsite and manifest number:
		4.	Results of waste analysis:
		5.	Record of any incidents requiring use of contingency plan:
W			
			Records and results of inspections:
		7.	. Closure and post-closure cost estimates if needed:
			ion ·
	B. Ins	spect.	ton .
265.14		1	
			a) 24 hour surveillance system:
			b) or Artificial or natural barrier:
			c) and Means to control entry:
			d) Danger sign posted at each entrance legible at 25':

265.3037	**2.	Site Preparedness/Prevention
•		a) Internal communication/alarm:
	8	e) Testing and Maintenance of equipment:  f) Adequate aisle spare:  g) Access to equipment:
265,170177	3.	Leaks NO  Ruptures NO  Corrosion NO  Closed Except in use NO  Heat/Pressure
262.3034		I = Ignitable ; R = Reactive  No smoking signs near I or R waste  Separation of incompatible wastes Yes  Evidence of spills no  Pretransport requirements: packaging Yes  labelling Yes
¥	* <b>ny</b> r	placarding

\*NYR - Not yet regulated

\*\*Required for Temporary Storage

ondary containment

265.190199	4. Tanks  Leaks
	Ruptures
•	Corrosion: Check valves, piping controls for signs of corrosion
	> 2' freeboard or containment
	Heat/pressure
	Evidence of spills
	Inflow and outflow controls
	Continuous Inflow Means to stop flow?
e	Special Requirements for I and R wastes
265.220230	5. Surface Impoundments (Pits, Ponds and lagoons)
	Protective Cover on Dikes
	> 2' freeboard
	Special requirements for I and R waste
	Evidence of fire, explosion - leak
	*NYR Liner
265.9094	**Groundwater Monitoring
265.250257	6. Waste Piles
	Wind erosion control
	**Prevention of leachate from pile (if hazardous)
*	Special requirements for I and R waste
	Evidence of fire, explosion, leak
	Separation of incompatible wastes
	Waste analysis

<sup>\*</sup>NYR - Not yet regulated

<sup>\*\*</sup>November 19, 1981

265.340 265.382	7. Incinerators/Thermal Treatment		
	a) Steady State conditions		
	b) Inspect combustion and emission control instruments		
	every 15 minutes		
	c) Observe stack plume hourly		
	d) Waste analysis:		
	1) Heating value of waste		
	2) Organic halogen content		
¥	3) Sulfur content		
	4) Lead concentrations		
	5) Mercury concentrations		
	e) Evidence of leaks of spills (pumps, valves, conveyors		
	and pipes)		
	f) Daily Inspection of Emergency shutdown controls and Alarm		
	systems		
	g) Special Requirements for incompatible wastes		
265.272 - 265.282	8. Phys/Chem/Bio. Treatment		
	a) Leaks		
	b) Ruptures		
	c) Corrosionno		
	d) Waste cut off		
	e) Waste analysis		
	f) Special Requirements for I and R waste		
	g) Special Requirements for incompatible wastes		

SYSTEM DELEGATION	9
265.272 <b>-</b> 265.282	9. Land Treatment
	a) Approval document
	*b) Run-on diversion
	*c) Run-off collection; Treat if necessary
	d) Waste Analysis
	e) Presence of food chain crops, if so, refer to 265.276
	f) Unsaturated zone monitoring plan
	g) Unsaturated zone waste analysis
20	h) Records of application dates, rates, quantities and location
	of waste
	i) Special requirements for I and R wastes
	j) Special requirements for incompatible wastes
265.9094	*k) Groundwater Monitoring
265.302315	
	*a) Run-on diversion
	*b) Run-off collection; Treat if necessary
	c) Wind dispersion controlled
	d) Records of all dimensions, locations, and contents
	e) Special Requirements for I and R wastes
	f) Special Requirements for Incompatible Wastes
	*g) Special Requirements for liquids
	*h) Reduction in volume of empty containers
265.9094	*i) Groundwater Monitoring
203.70-174	· · · · · · · · · · · · · · · · · · ·
Subpart R	11. Underground Injection
	Consult appropriate subparts.

# h.) Ground-Water Monitoring

265.91	1. (A)	EPA specified ground-water monitoring	
	•	program implemented ?	
	•	If no go to 2	
	•	- 1 upgradient and 3 downgradient wells	
		- All wells cased and screened at appropriate	lanth
		- Annular space sealed	
•			<del></del>
265.92	(B)	Sampling and analysis plan at facility	(a) (a)
		- The same of the	
	(c)	Parameters sampled	· · · · · ·
		- Primary drinking water standards (265.92bl)	
89		- Ground-water quality (265.92b2)	<del></del>
		- Ground-water contamination indicators (265.92	)h3)
	20 940 	ordene water contamination indicators (203.32	
	(D)	Monitoring frequency	5 9 . 10
	. (2)	- (11/19/81 - 11/18/82)	
	ŕ	o All parameters all wells-quarterly	
	•	o Ampliantes and wells-quarterly	
		o 4 replicates each ground-water contamination	on .
		indicators sample upgradient wells	
	2	o End of 1st year calculate initial backgroun	ıd
•	10 to	mean and variance for contamination indicat	ors
14	***************************************	- (11/19/82 - Permit Issuance)	13.5x
72	*	o Ground-water quality - annually	
		o Ground-water contamination indicators	
	¥1	-semi-annually 4 replicates each well each	sample
		- Ground-water elevations with each sample	
265.93	· (E)	Preparation, evaluation and response	
*		- Ground-water quality assessment program	
		outline kept at facility	
		- Ground-water contamination indicator	
1( <b>5</b> .)		results for each well compared via Student's	
		T test to initial background arithmetic mean	
	200	• •	7.0
265.94	(F)	Records of required analyses per 265.94(A1)	
		kept on site (thru post-closure)	17.00
*	100	Necessary reports submitted to R.A. or	878
		State Director (see 265.94A2)	
		0.T	
265.90C	2.(A)	Written hazardous waste migration potent-	
£3	2.40	ial demonstration prepared and kept on-site?	
	8.	If no go to 3	
		- Waiver demonstration certified by qualified	
		geologist or geotechnical engineer ,	
		- Demonstration establishes	
		o Potential for migration of hazardous waste	
	•	via uppermost aquifer	TI \$
		o Potential for hazardous waste to migrate	
	- H	to a water supply or surface water	
	* a	- Obtain copy for review by EPA	
22		If copy not obtained why?	
· //			

265.90D		lternative ground-wate rogram has been impl - Specific plan was a	emented	•		<u>.</u> .
		to R. A. (or State		/81	· · · .	
•	•		(Da	te)		Ť
	:	- By 11/19/81 ground- assessment per 265.				·
		implemented quarter made until closure	ly determinations	-		a !
		- Recordkeeping and r in 265.94(6) compli		nts		•

c.	Requests for Information
6	
D.	Photos Taken
E.	Sampling Inspection Needed
٠.	
F.	Potential for Imminent Hazard, Air, or Water Discharge Violations
G.	Proximity to Residential Area, Surface Water, Recharge Zone, etc.
_	
	•